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CONFIRMATION NO. 6287

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## APPLICANTS

Michael B. Dancu, Ringwood, NJ;  
 John M. Tarbell, State College, PA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/239,015 10/06/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/08/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

FLESHNER & KIM LLP  
 P. O. BOX 221200  
 CHANTILLY ,VA 20153-1200

## TITLE

SYSTEM AND METHOD TO SIMULATE HEMODYNAMICS

FILING FEE RECEIVED 1202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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